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HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, ASB TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: 587-0460 FAX: 587-0470
 email: ethics@hawaiiethics.org

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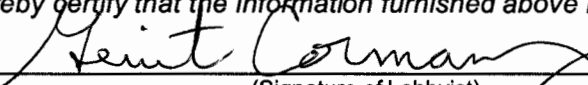
STATE OF HAWAII
STATE ETHICS COMMISSION**LOBBYIST REGISTRATION FORM**


(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
CORMANY	GERRIT	C.	(808) 565-3816
MAILING ADDRESS (Street)			FAX
P.O. BOX 898900			(808) 565-3881
(City)	(State)	(Zip Code)	
MILILANI	HI	96789-8900	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
CASTLE & COOKE RESORTS, LLC			(808) 548-4811
MAILING ADDRESS (Street)			FAX
P.O. BOX 898900			(808) 565-3881
(City)	(State)	(Zip Code)	
MILILANI	HI	96789-8900	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
GERRIT C. CORMANY			(808) 565-3816
MAILING ADDRESS (Street)			FAX
P.O. BOX 898900			(808) 565-3881
(City)	(State)	(Zip Code)	
MILILANI	HI	96789-8900	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	Education	Human Services	Science, Technology & Economic Development
<input checked="" type="checkbox"/> Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	Jan. 20, 2005
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Richard K. Mirikitani	Vice President & Secretary
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Castle & Cooke Resorts, LLC	808/548-4811
MAILING ADDRESS (Street)	FAX
P.O. Box 898900	808/548-2975
(City)	(State)
Mililani	HI
(Zip Code)	96789
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
	
(Signature of Authorizing Officer or Person Represented)	(Date)